U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved No. 1215-0188 Expires 11-30-2006

Office of Management and Budget

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Off	icial Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

$\sim C_{i,j}$				
1. File Number U - 14 037	2. Fiscal Year Covered From:			
, , , , , , , , , , , , , , , , , , ,	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name _{MARVIN} JONES	Name HERE LOCAL 878			
	Labor Organization File Number 001-758			
P.O. Box, Bidg., Room No., if any P.O.BOX 100564	P.O. Box, Building and Room Number, if any P.O. BOX 100564			
Street	Street			
City ANCHORAGE	City ANCHORAGE			
State Alaska ZIP Code + 4 99510-0564	State Alaska ZIP Code + 4 99510-0564			
5. Position in labor organization. PRESIDENT				

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

	oans) with, or derived income or other economic benefit of our organization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of		
submitted in this report (including the information contained in any accompa undersigned's knowledge and belief true, correct, and complete. (See the s	nying documents), has been section on penalties in the in:	examined by the signatory and is, to the best of the
Signed Ma Sour	On 8/10/2004	(907) 272-6029
	Date	Telephone Number

Name of Person Filing MARVIN JONES	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 93870 Street City ANCHORAGE State Alaska ZIP Code + 4 99870 - 3870 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: A. Labor Organization b. Trust c. Employer 11.a. Nature of such deality TRUSTEE	
Street	11.b. Approximate dollar valu	te of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held	
	12.b. Amount.	\$1,200
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AMALGAMATED BANK	14.a. Nature of payment. DINNER MEETING 8/	11/2004
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 60 SOUTH ROBLES AVE.		
City PASADENA		
State California ZIP Code + 4 91101		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$72

Name of Person Filing MARVIN JONES	File Number U-
	<u> </u>

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 93807 Street City ANCHORAGE State Alaska ZIP Code + 4 99870-3870	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	1
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	2004 IFEBP CONFRENCE HOTEL DEPOSIT
	12.b. Amount. \$350

Name	e of Person Filing	MARVIN JONI			File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AK HOTEL, RESTAURANT & CAMP EMPLOYEES TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 93870 Street City ANCHORAGE	a. Labor Organization b. Trust c. Employer
State Alaska ZIP Code + 4 99870-3870	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	LUNCH CONNTCTED WITH TRUST MEETING 5/6/2004
	12.b. Amount. \$28

Name of Person Filing MARVIN JONES			File Number U-
	Part B Conti	nuation Page	
or leasing to, or otherwise dealing v	vith the business of an employer whose emplo ving from or selling or leasing directly or indirec	vees your labor organization re	ntial part of which consists of buying from, selling epresents or is actively seeking to represent, or n your labor organization or with a trust in which
8. Name and address of Busine	ss (including trade name, if any).	9. Business deals with:	
Name AK HOTEL, RESTAU Trade Name, if any:	RANT & CAMP EMPLOYEES TRUST	a. Labor Organi:	zation
P.O. Box, Bldg., Room No., if ar	ny P.O. BOX 93870	b. Trust	
Street		c. Employer	
City ANCHORAGE			
State Alaska	ZIP Code + 4 99870-3870		
10. If 9.b. or 9.c. is checked give to Name	ust or employer's name.	11.a. Nature of such deal TRUSTEE	ling.
Trade Name, if any:			
P.O. Box, Bldg., Room No., if an	y		
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar va	lue of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

LUNCH IN CONNECTION WITH TRUST MEETING 11/18/2004

\$29

Name of Person Filing M	ARVIN JONES	· · · · · · · · · · · · · · · · · · ·		File Number U-	

8. Name and address of Business (incl	luding trade name, if any).	9. Business deals with:	
Name AK HOTEL, RESTAURANT	& CAMP EMPLOYEES TRUST	a. Labor Organization	
Trade Name, if any:		The same of the same same same same same same same sam	
P.O. Box, Bldg., Room No., if any P.O.). BOX	b. Trust	
Street		c. Employer	
City ANCHORAGE			
State Alaska	ZIP Code + 4 99870-3870		··-
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.	11.a. Nature of such dealing.	
Name		TRUSTEE	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		2004 IFEBP CONFERENCE - ADVANCE FOR EXPENSES	
		12.b. Amount.	\$2,198

Name of Person Filing MARVIN JONES	File Number U-

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	•
Name AK HOTEL, RESTAURANT &	CAMP EMPLOYEES TRUST	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O.	вох	b. Trust	
Street		c. Employer	
City ANCHORAGE			
State Alaska	ZIP Code + 4 93870-3870		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name		TRUSTEE	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		ADVANCE FRO TRUST CONFERENCE - WASI	HINGTON D.C.
		12.b. Amount.	\$1,175

Name of Person Filing MARVIN JONES	File Number U-		
V 1221		•	
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8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name AK HOTEL, RESTAURANT & Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O.		a. Labor Organization b. Trust	
Street		c. Employer	
City ANCHORAGE State Alaska	ZIP Code + 4 99870	:	
10. If 9.b. or 9.c. is checked give trust or em Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ployer's name.	11.a. Nature of such dealing. TRUSTEE	
City State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REGISTRATION FEE FOR 2005 IFEBP TRUSTEE CONFE	RENCE
		12.b. Amount.	\$1,255

	 			
Name of Person Filing MARVIN JONES		i	File Number U-	

8. Name and address of Business (including trade nam	9. Business deals with:
Name AK HOTEL, RESTAURANT & CAMP EMPL	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any P.O. BOX 93870	b. Trust
Street	c. Employer
City ANCHORAGE	
State Alaska ZIP Code + 4	99870-3870
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	TRUSTEE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	HOTEL DEPOSIT FOR 2005 IFEBP TRUSTEE CONFRENCE
	12.b. Amount. \$350